

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S41154**

1. Entity Name

BABY'S PLACE COFFEE BAR, INC.

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90033 022 ***150.00

Principal Place of Business
**3200 US HIGHWAY 1. MM #15
KEY WEST FL 33040
US**

Mailing Address
**P.O BOX 6558
KEY WEST FL 33041-6558
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0270782**

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TEPLITSKY, GARY
3200 US HIGHWAY 1
AND MILE MARKER 15
KEY WEST FL 33040**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **TEPLITSKY, GARY**
STREET ADDRESS **P.O BOX 1779 N/A**
CITY-ST-ZIP **KEY WEST FL**

TITLE ☐ Change ☐ Additor
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **TEPLITSKY, OLGA**
STREET ADDRESS **P.O BOX 1779 N/A**
CITY-ST-ZIP **KEY WEST FL**

TITLE ☐ Change ☐ Additor
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Additor
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

GARY TEPLITSKY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/00 3057449866